

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-590,766

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		①		①		
6		①		①		
7		①		①		
8		①		①		
9		①		①		
10		①		①		
11		①		①		
12		①		①		
13		①		①		
14		①		①		
15		①		①		
16		①		①		
17		①		①		
18		①		①		
19		①		①		
20		①		①		
21		①		①		
22		①		①		
23		①		①		
24		①		①		
25	1		1			
26		1		1		
27		2		2		
28		①		①		
29		①		①		
30		①		①		
31		①		①		
32		①		①		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	36	←	36	←		←
TOTAL CLAIMS	38		38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						